

## PART B - FEE(S) TRANSMITTAL

Complete and send this form together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
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7590

12/03/2005

Sanofi Pasteur Inc.  
Intellectual Property - Knerr Building  
One Discovery Drive  
Swiftwater, PA 18370

02/01/2006 WABDEL3 00000021 500244 10043344

01 FC:1501 1400.00 DA  
02 FC:1504 300.00 DA

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Robert Yoshida (Depositor's name)  
*Robert Yoshida* (Signature)  
January 31, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/043,344	01/14/2002	Sheena M. Loosmore	1038-1221 MTS:JB	7370

TITLE OF INVENTION: TRANSFERRIN RECEPTOR GENES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	03/06/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
HINES, JANA A	1645	424-190100			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Sanofi Pasteur Inc.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Connaught Laboratories Limited Toronto Canada

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

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- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0244 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Robert Yoshida*Date January 31, 2006Typed or printed name Robert YoshidaRegistration No. 54,941

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**sanofi pasteur**

The vaccines business of sanofi-aventis Group

Intellectual Property – Knerr Building  
One Discovery Drive  
Swiftwater, PA 18370 USA

Telephone: 570-839-5537  
Facsimile: 570-895-2702  
E-Mail: [robert.yoshida@sanofipasteur.com](mailto:robert.yoshida@sanofipasteur.com)

**Fax**

To:  
Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450  
Facsimile: (571) 273-2885

From:  
Robert Yoshida  
Sanofi Pasteur Inc.

This facsimile is 4 pages, including this cover page

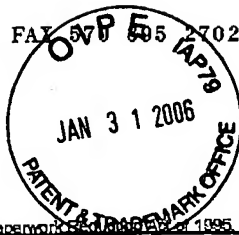
January 31, 2006

Re:    **Appl. No.:**            10/043,344  
      **Applicant:**         Sheena M. Loosmore et al.  
      **Filed:**                January 14, 2002  
      **Title:**                 Transferrin Receptor Genes  
      **TC/A.U.:**            1645  
      **Examiner:**          Hines, Jana A  
      **Confirmation No.:**   7370  
      **Docket No.:**        1038-1221 MIS:JB

This facsimile consists of:

Transmittal Form (1 page)  
Notice of Allowance, Part B – Fee(s) Transmittal (1 page)  
Duplicate Copy of Part B – Fee(s) Transmittal (1 page)

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THANK YOU



PTO/SB/21 (09-04)  
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/043,344	
	Filing Date	January 14, 2002	
	First Named Inventor	Sheena M. Loosmore	
	Art Unit	1645	
	Examiner Name	Hines, Jana A	
Total Number of Pages in This Submission	3	Attorney Docket Number	1038-1221 MIS:JB

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Notice of Allowance, Part B - Fee(s) Transmittal and Duplicate copy of Part B - Fee(s) Transmittal
Remarks The total number of pages of this submission includes this Transmittal Form		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Sanofi Pasteur Inc.		
Signature	<i>Robert Yoshida</i>		
Printed name	Robert Yoshida		
Date	January 31, 2006	Reg. No.	54,941

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature	<i>Robert Yoshida</i>		
Typed or printed name	Robert Yoshida	Date	January 31, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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